

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION | <i>DT</i> | | <i>3-8-00</i> |
| O.I.P.E. CLASSIFIER | | <i>43</i> | <i>3/17/00</i> |
| FORMALITY REVIEW | | <i>65955</i> | <i>5/5</i> |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 II: Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 -+ Restricted O Objected

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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